QUALITY ID	MEASURE NAME	MEASURE DESCRIPTION	PERFORMANCE MET CODES	EXCLUSION CODES	PERFORMANCE NOT MET CODES	NQS DOMAIN	MEASURE TYPE	HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD
32	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge	**G8696** - Antithrombotic therapy prescribed at discharge	**G9689** - Patient admitted for performance of elective carotid intervention **OR** **G8697** - Antithrombotic therapy not prescribed for documented reasons [(e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)]; (e.g., patient left against medical advice, other patient reason(s))	**G8698** - Antithrombotic therapy was not prescribed at discharge, reason not given	Effective Clinical Care	Process	No	Claims, Registry
47	Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	**1123F** - Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record **OR** **1124F** - Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	**G9692** - Hospice services received by patient any time during the measurement period	**1123F-8P** - Advance care planning not documented, reason not otherwise specified	Communication and Care Coordination	Process	Yes	Claims, Registry
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m2	**G8420** - BMI is documented within normal parameters and no follow-up plan is required **OR** **G8417** - BMI is documented above normal parameters and a follow-up plan is documented **OR** **G8418** - BMI is documented below normal parameters and a follow-up plan is documented.	**G8422** - BMI not documented, documentation the patient is not eligible for BMI calculation **OR G8938** - BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible **OR G9716** - BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason.	**G8421** - BMI not documented and no reason is given **OR G8419** - BMI documented outside normal parameters, no follow-up plan documented, no reason given	Community/ Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	**G8427** - Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	**G8430** - Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician	**G8428** - Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	Patient Safety	Process	Yes	Claims, EHR, Registry
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	**4004F** - Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user **OR** **1036F** - Current tobacco non-user	**4004F-1P** - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	**4004F-8P** - Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified	Community/ Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
268	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year	**4340F** - Counseling for women of childbearing potential with epilepsy	**4340F-1P** - Documentation of medical reason(s) why counseling was not performed for women of childbearing potential with epilepsy	**4340-8P** - Counseling about epilepsy specific safety issues provided to patient or caregiver was not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, Registry
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	**G8783** - Normal blood pressure reading documented, follow-up not required **OR** **G8950** - Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented	**G9744** - Patient not eligible due to active diagnosis of hypertension **OR** **G9745** - Documented reason for not screening or recommending a follow-up for high blood pressure	**G8785** - Blood pressure reading not documented, reason not given **OR G8952** - Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Community/ Population Health	Process	No	Claims, EHR, Registry
419	Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination	Percentage of patients with a diagnosis of primary headache disorder for whom advanced brain imaging was not ordered	**G9534** - Advanced brain imaging (CTA, CT, MRA or MRI) was NOT ordered **AND** **G9535** - Patients with a normal neurological examination	**G9536** - Documentation of Medical reason(s) for ordering an advanced brain imaging study (i.e., patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (e.g., papilledema, absent venous pulsations on funduscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); HIV-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms **OR G9537** - Documentation of System reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	**G9538** - Advanced brain imaging (CTA, CT, MRA or MRI) was ordered **AND** **G9535** - Patients with a normal neurological examination	Efficiency and Cost Reduction	Efficiency	Yes	Claims, Registry
435	Quality of Life Assessment For Patients With Primary Headache Disorders	Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved	**G9634** - Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	**G9635** - Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQoL survey, patient has the inability to read and/or write in order to complete the HRQoL questionnaire)	**G9636** - Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	Effective Clinical Care	Outcome	Yes	Claims, Registry